

**AUTHORIZATION FOR RELEASE OF INFORMATION AND
COORDINATION OF CARE FORM**

Client Name: _____ DOB: _____

Release of medical information from _____ to Amistad Family Services, Inc.
(Primary Care Physician/Provider)

Physician Phone # _____ Physician Address _____

Select One:

I authorize records to be released as indicated/requested by provider.

Client / Parent / Representative Signature Date

I do not authorize information about my physical/behavioral health treatment to be released.

Client / Parent / Representative Signature Date

Cancellation: I understand that I may cancel this authorization at any time by sending my health care providers my cancellation notices in writing. I understand that my health care providers may have already released records according to this authorization prior to receiving my notice of cancellation.

OFFICE USE ONLY

Health Care Coordination Information

Provider Requested Records to be released:

- All health records Health records related to drug/alcohol/substance abuse
- Health records related to emotional/mental/developmental disabilities/psychiatric conditions (excludes psychotherapy notes)
- Other: _____

Treatment Start Date: _____ ICD-10 DX: _____

Medication Managed by: _____

Treatment Plan: _____

If there is additional information you feel I should know in order to provide the best possible care to this client, especially any coexisting medical conditions, or if you would like to discuss treatment, please contact me.

Clinician Signature Date (575) 523-2288 Telephone

Confidential Protected Health Information. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the client or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional client consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.